



## Marriage Certificate Request Form

Please print out this form and return to:

Town Clerk  
30 Providence Road  
Grafton, MA 01519

TOWN OF GRAFTON  
TOWN CLERK

Requests submitted through the mail will be processed on the date they are received.  
\*If the parents on the record were **NOT** married at the time of birth, this makes the record **restricted to anyone other than those named on the marriage record**. To receive a restricted record, please complete this form in its entirety and mail or email a copy of your valid driver's license and the completed form to [clerks@graffton-ma.gov](mailto:clerks@graffton-ma.gov).

**\*\*A confirmation email will be sent upon receipt of documentation\*\***

### Full Name of the Groom/Party A

\_\_\_\_\_  
First Middle Last

### Full Name of the Bride/Party B

\_\_\_\_\_  
First Middle Last

### Date of this Marriage

\_\_\_\_\_  
Month Day Year

Place of Marriage \_\_\_\_\_

Signature of Requester \_\_\_\_\_

Daytime telephone number \_\_\_\_\_  
Area Code Number

Fee is \$10.00 per copy  
Make check payable to **TOWN OF GRAFTON**  
Include a self-addressed stamped envelope.